

BLUE RIDGE HEALTH SERVICES

Blue Ridge Health Services
9 Fawnwood Court
Greensboro, NC 27407

Phone: 336.292.1597
Fax: 336.292.1161

AUTHORIZATION AND CONSENT FOR BACKGROUND CHECKS

I, the undersigned, do hereby authorize Blue Ridge Health Services to examine the following:

CRIMINAL (and arrests) RECORDS CHECK

In North Carolina and other states.. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history.

Signature: _____ Date: _____

Witness: _____ Date: _____

Information for Background Checks

Name: (print) _____

Address: _____

Previous address if less than 6 months: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State if not NC: _____

FOR OFFICE USE ONLY:

Criminal Record _____ YES _____ NO

Verified by _____ Date: _____

Comments _____
